THE MINISTER OF HEALTH AND FAMILY WELFARE (PROF. SHAKEE-LUR REHMAN): (a) and (b) Yes, Sir. The details of the accord are given in Annexure, *(See* below)

(c) The matter regarding implementation of the accord is at present under consideration of the Government.

Statement

Memorandum of Settlement dated 2. 9. 90between AIIMS Management andKarmaehari Union

Whereas the prolonged agitation and strike of a majority of groap C & D employees of AIIMS has caused suffering due to the cessation of patient care services at AIIMS and whereas the AIIMS and the Karmaehari Union have been eager for early resumption of patient care services; now, therefore, it is agreed between AIIMS Management and the Karmaehari Union as below:

(1) The Karmaehari Union withdraws its agitation and strike with immediate effect and will ensure the immediate return of all striking employees to normal work and restoratioi of the normal functioning of all services in the Institute.

(2) The AIIMS Management having the Government assurance of an early Government decision on the promotion opportunity for employees covered by ICM, will take final decision with the approval of the Government of India within 3 months after the Government decision on JCM to provide promotion opportunity to group (X'D employees in order to resolve problems connected with Cadre Review.

(3) The report of Career Development Com ill be reviewed by March, 1991 and the Review Report will be implemented as approved by Government soon thereafter.

(4) To provide financial relief to meet immediate needs of employees, the AIIMS Management will give to all the C&D employees an ex-gratia grant of Rs. 150|-.

(5) Every Group C&D employee can take an interest-free loan of Rs. 1, 000{- which will be recovered in fifteen monthly instalments from pay.

(6) Employees who were regularly re-cruited prior to 1-4-1978 but neither benefited by Cadre Review in 1984 nor promoted, are granted one increment in their present pay with effect from the day of resumption of duty. This increment will be adjusted at the time of implementation of decision referred in the Para 2 above.

(7) No worker will be victimized for having gone on strike. Orders of termi-nation of appointments and Police/Court cases arising out of this strike will be withdrawn.

(8) The principle of *'No Work No* Pay' *will* apply to the period of absence on strike. The Karmaehari Union's request for payment of salary for this period by taking extra work from the employees on holidays and beyond office hours on working days OR grantiag tbem 'Leave Due' will be placed before the Government for decision at the earliest.

This is in full and final settlement of **all** demands of the Karmaehari Union as on date.

Review of drug policy, 1986

294. SHRIMATIPRATiBHA SINGH:
SHRIMATI KAILASHPATI:

Will the Minister of PETROLEUM AND CHEMICALS be pleased to state:

(a) whether Government's attention has been drawn to the news item which appeared in Indian Express, Bombay on 12th October, 1990 under the headings of "Demand Day Against Drug Companies";

(b) if so, what are the details of memo-randum submitted by National Campaign Committee;

(c) whether it is a fact that multinational drug companies are making 400 per cent profit on medicines and in certain cases even 2000 per cent;

(d) if so, what are the details of such Medicines;

(e) whether it is also a fact that his Miniftry is reversing Drug Policy 1986 which jg pro-producer and anti consumer; and

(f) if so, by when the new policy; vould hS announced?

THE MINISTER OF PETROLEUM AND CHEMICALS AND PARLIAMENTARY AFFAIRS (SHRI SATYA PRA-KASH MALAVIYA): (a) and (b) The main demands made by the National Campaign Committee are:

(i) Adequate production and supply of life saving and essential drags.

(ii) Weeding out of irrational and hazardous drugs.

(iii) Stop production and supply of substandard and spurious drugs, and ensure quality of drugs

(iv) Reduction of drugs prices.

(v) Implementation of ihe Hathi Committee recommendations; and

(vi) Protection of Indian Patent Act, etc.

(c) and (d) No drug company is making such a high profit.

(e) and (f) The process of review of the 1986 Drug Policy is currently on.

Rehabilitaton Schemes of Public Sector Drug Companies

295. SHRI SUKOMAL SEN: Will the Minister of PETROLEUM AND CHEMICALS be pleased to state:

(a) whether the rehabilitation schemes of Bengal Chemicals and Pharmaceuticals Ltd., Smith Stanistreet Pharmaceuticals Ltd. and Bengal Immunity Ltd. have been finalised and approved by Government;

(b) if *m,* what are the details thereof; and

(c) if not, what are the reasons therefor?

THE DEPUTY MINISTER IN THE MINISTRY OF PETROLEUM AND CHEMICALS AND COMMUNICATION (SHRI JAIPRAKASH): (a) to (c) The rehabilitation scheme for Smitj-, Stainstreet Pharmaceuticals Ltd. Calcatta is under preparation in consultation with Industrial Reconstruction Bank of India (TRBD, the Scheme for Bengal Chemicals and Phar- maceuticals Ltd., Calcutta has been recently received from IRB" and is under consideration of the Management of Ihe company, the scheme relating to Bengal Immunity Ltd. is under examination as it involved heavy financial support from the Central Government.

Facilities to check bloo. 1 for AIDS tests

296. SHRI B. K. HARIPRASAD. Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

fa) whether facilities exist all over the country for any citizen to have blood samples tested with ease for AIDS and if so, the details thereof indicating the number of samples so far tested, Centre wise;

(b) what are the present estimated AIDS positive cases in the country; and

(c) whether Government consider the present facilities adequate to face the serious challenges of AIDS and if not, what are the details of action proposed to be taken in the matter?

THE MINISTER OF HEALTH AND FAMILY WELFARE fPROF. ?HAKEE-LUR REHMAN): fa) Testing facilities are available in Zonal blood testing centres, surveillance centres and Referral Centres in 43 cities. Testing facilities are being expanded in a phased manner. The iota) number of blood samples screened upto 30-11-90 is 8, 52, 272 out of which 5163 are Elisa positive for HIV infection. Centre-wise list enclosed. Testing is also done in the surveillance centres for determining prevalence and trends in HIV infection in groups practising with risk behaviour. *(See* below)